Keying ACAS Transactions How to Comply with the Federal Affordable Care Act

Content

Welcome to the Affordable Care Act training. We have created this presentation to help prepare you for the changes beginning in January 2015.



By now you should have already watched the 8-minute video, which explained the Affordable Care Act's Employer Shared Responsibility provision, and why compliance with the Affordable Care Act is required and important. Before we get into the details, let's review some important facts about the Affordable Care Act.

The law requires 95% of full-time employees and their dependent children to be offered health coverage, or the State may be penalized at a cost of approximately \$450 million dollars.

Under ACA, Full Time means an average 130 hours of service per month.

Health coverage must be affordable and provide minimum value, and the health plans offered by CalPERS meet that standard.

The State is required to report health coverage status to the IRS every year.

The State Controller's Office has created the ACAS database, to capture the data the state is required to report to the IRS to demonstrate compliance.

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While this training will introduce you to new work processes, let's start with some key things that are not changing.

Health benefits eligibility criteria has not changed. This means that the same employees will continue to be offered health benefits.

The earliest date that employees may be covered for health insurance will still be the first day of the month after the permitting event.

You will login to the SCO mainframe using the same security.

The ACAS will now accept future dated transactions that are no more than 45 days out.

Now, let's talk about the main differences under ACA.

All health benefit status codes will be keyed into the ACAS database, which means that the ACAS must show a status, such as offer or acceptance, for each employee from date of hire to date of separation.

There are five categories of status codes that will capture an employee's health benefits eligibility and status.

All keying of health benefit statuses should be done during the month in which the event occurs.

To ensure benefits are offered to all eligible employees, you will keep closer track of employees who could become eligible for benefits.

Your part in this process is to document an employee's health benefits status including the offer of health coverage, the acceptance or decline of health coverage, and any loss or cancellation of health coverage.

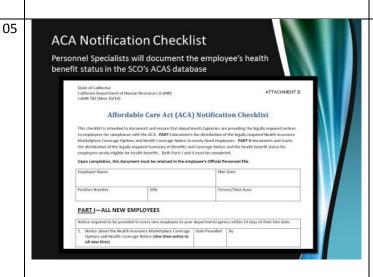
Two job aids will help you. The first is the Affordable Care Act (ACA) Notification Checklist, or checklist for short.

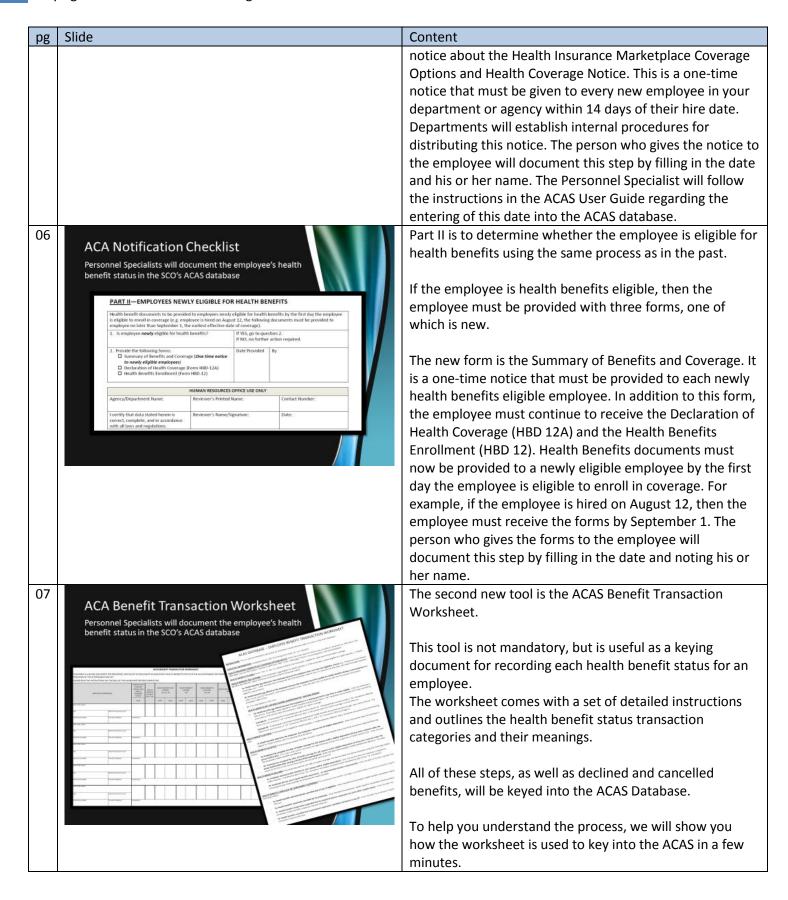
You should have been introduced to this new form by CalHR in an October 2014 PML.

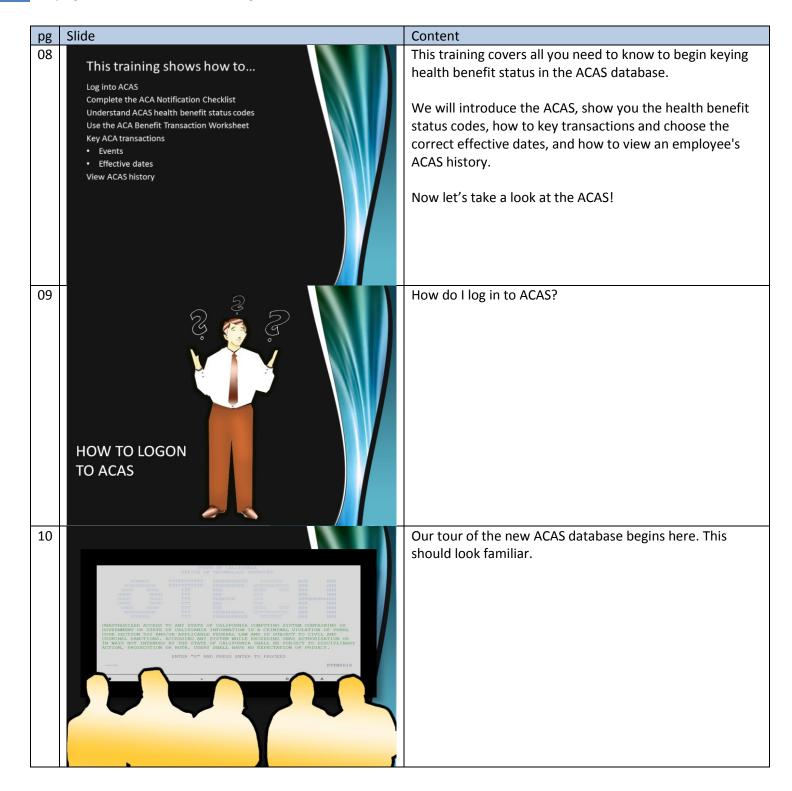
The checklist is mandatory for all new employees hired (or become eligible) after January 1, 2015. The top section has space to fill in the employee's name, hire date, position number, Social Security Number, and tenure/time base.

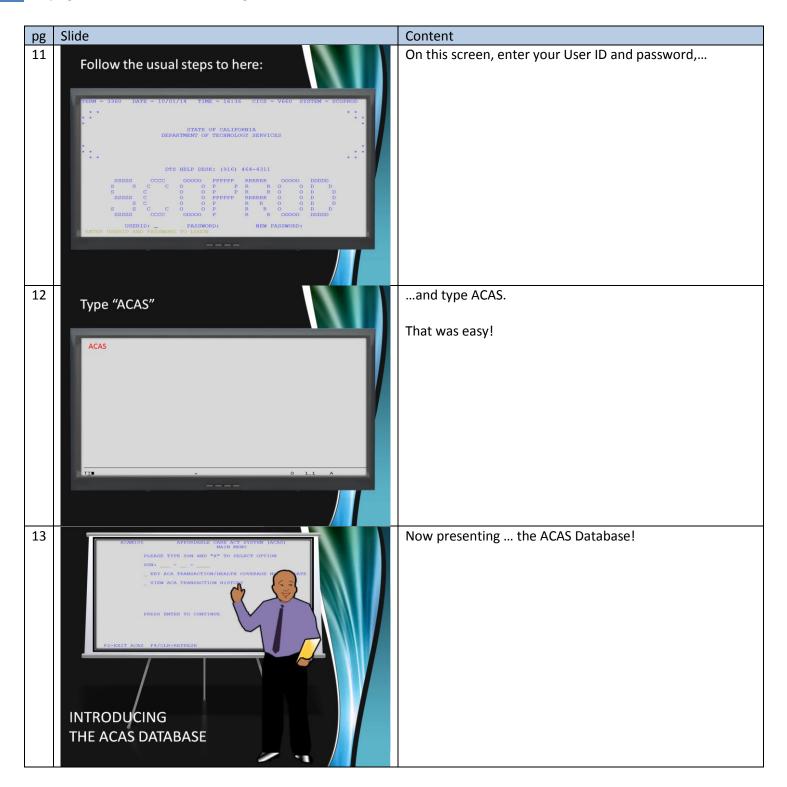
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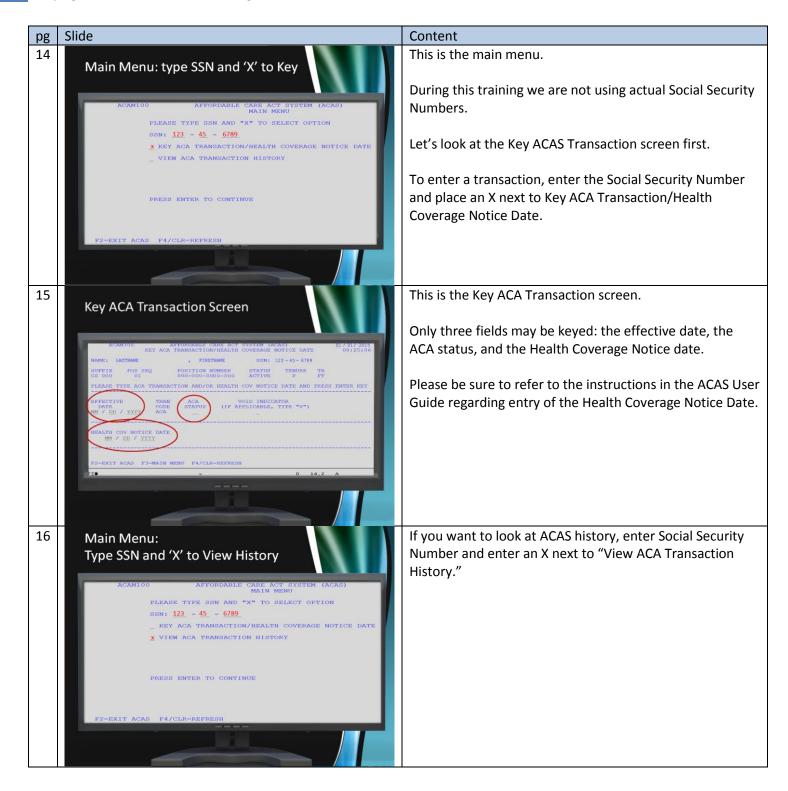
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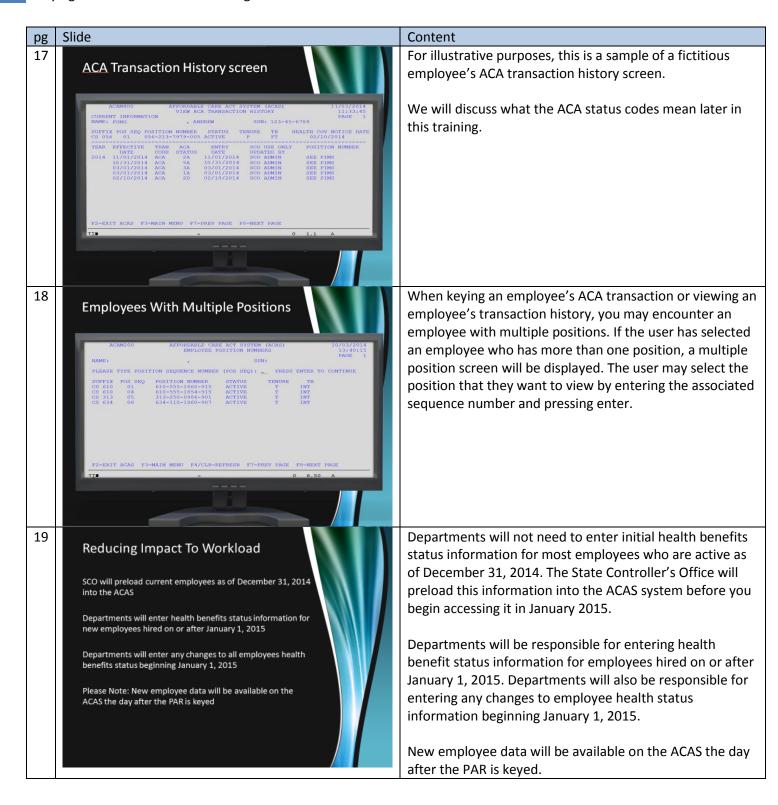


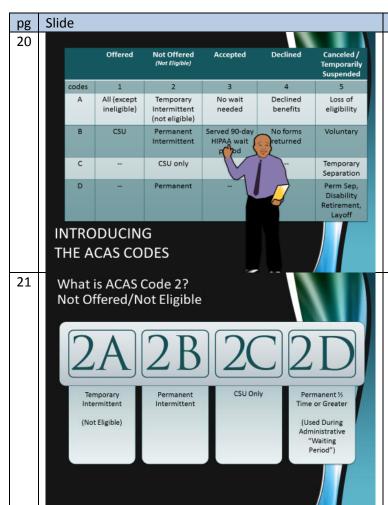












Introducing the ACAS CODES!

As mentioned before, an employee's health benefit status must be accounted for by an ACAS code from the date of hire to the date of separation.

The codes which are grouped into five categories: Offered, Not offered (which includes Not eligible), Accepted, Declined, and Canceled/Temporarily Suspended.

We'll begin by discussing category number 2 Codes, "Not offered/Not eligible."

We begin with Category Code 2 because this is the first code that will be entered for employees new to State Service.

Each category 2 code describes an employee's health benefit status eligibility.

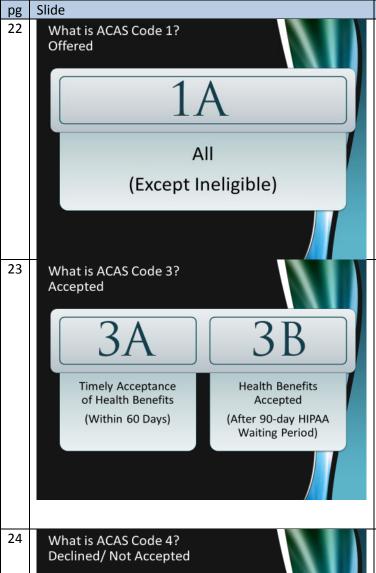
2A is used when an employee is not eligible for health benefits due to tenure or timebase. Some examples of this include Seasonal Clerks, Student Assistants, Retired Annuitants, Youth Aides, and employees whose timebase is less than half time. The 2A code may also be used in certain situations for employees in multiple positions. For more information about multiple positions, please refer to the ACAS User Guide.

2B is used when a Permanent Intermittent employee is appointed and must serve a control period before becoming eligible for health benefits.

2C is a code for the California State University System only. Departments will not use this code.

2D is used for all newly health benefits eligible employees. This code is entered to account for the time between the employee's permitting event date and the earliest date that the employee would be eligible for health coverage (or the first day of the month following appointment). For example, if a permanent full-time employee was appointed on March 15, 2015, they would be entered with a 2D code until April 1, 2015.

Please note that the health benefit status codes must be keyed in sequence, so a "2" code must be keyed for an employee before any other codes may be entered.



Category code 1A is used to document the offer of health benefits. For ACA purposes, health benefits are officially "offered" on the earliest date that health coverage could be effective as outlined in the benefit eligibility rules. For newly health benefit eligible employees, this is the first day of the month following their permitting event date. All health benefits eligible employees must have a 1A keyed with an effective date that reflects the official offer date (the earliest date that health coverage could be effective).

Category code 3A is used to document the acceptance of health benefits within 60 days of the event that makes an employee health benefits eligible. The effective date of code 3A will be the first day of the month following the return of health benefits forms to the Personnel Office.

3B is used to document a late acceptance of health benefits. An acceptance of health benefits is considered late when the health benefits forms are not returned to the Personnel Office within 60 calendar days of the event that made the employee health benefits eligible. Employees who are late in accepting their health benefits must serve a 90 calendar day HIPAA waiting period. This 3B will be effective the first day of the month following this 90-day HIPAA waiting period.

Category code 4A is used to document the decline of health benefits within 60 calendar days of the event that makes an employee health benefits eligible. The 4A is only processed when an employee returns his or her health benefits forms declining their health benefits.

The effective date of the 4A is always the earliest date that the health coverage could be effective as outlined in the benefit eligibility rules. This means that the effective date of the 4A and the 1A will always be the same.

4B is used when an employee fails to return his or her health benefits forms within 60 calendar days of the event that makes an employee health benefits eligible. 4B is considered an "administrative decline" of health benefits. The effective date of the 4B is always the 61st calendar day after the event that makes an employee health benefits eligible.





Category code 5A is used to document when an employee's health benefits are "administratively cancelled" due to a loss of health benefits eligibility. There are many reasons why an employee may lose health benefits eligibility. Some common reasons are a change in tenure or timebase that makes an employee ineligible or a permanent intermittent employee working insufficient hours in a control period

5B is used to document when an employee submits the appropriate documents to voluntarily cancel his or her health benefits.

5C is used to document the temporary suspension of an employee's health benefits when the employee is temporarily separated or placed on some type of unpaid status.

5D is used to document the cancellation of an employee's health benefits due to permanent separation, disability retirement, or lay-off

In all cases, the effective date of the "5" code is the last day of the month that the health benefits coverage was effective.

ACAMIOD AFFORDARILE CARE ACT SYSTEM (ACAS)

MAIN MENU

PLEASE TYPE SSN AND "X" TO SELECT OPTION

SSN: _ _ _ _

KEY ACA TRANSACTION/HEALT

VIEW ACA TRANSACTION RY

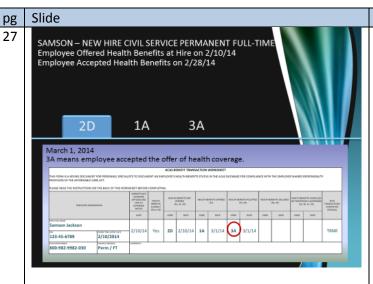
PRESS ENTER TO CONTINE

PRACTICE SCENARIOS

THE ACAS DATABASE

Now that you've been introduced to the ACAS database and codes, let's take a look at some scenarios. The first few scenarios will show you how to use the ACAS Benefits Transaction Worksheet, and the remaining scenarios will demonstrate how to key into the ACAS.

For training purposes, we will display multiple ACAS benefits status codes for the same employee on a single worksheet for multiple pay periods. When you actually complete the worksheet, you will document only the ACAS benefit status codes that apply to a single pay period to be keyed. ACAS benefit statuses should be entered into the ACAS in the pay period they are effective.



Samson Jackson was hired as a Permanent Full Time Employee effective February 10, 2014. On that day, he was provided a packet of information regarding his health benefits options that included the legally required notices discussed earlier in the training. The staff who provided the information to Samson, completed the Affordable Care Act Notification Checklist.

Samson's PAR was keyed on February 11, 2014. His information was available in the ACAS on February 12, the day after the PAR was keyed

On February 12, the Personnel Specialist enters a 2D code into the ACAS. This code reflects the "waiting period" between Samson's hire date of February 10, and the earliest date that he would be eligible for health coverage (the first of the month following his appointment – March 1).

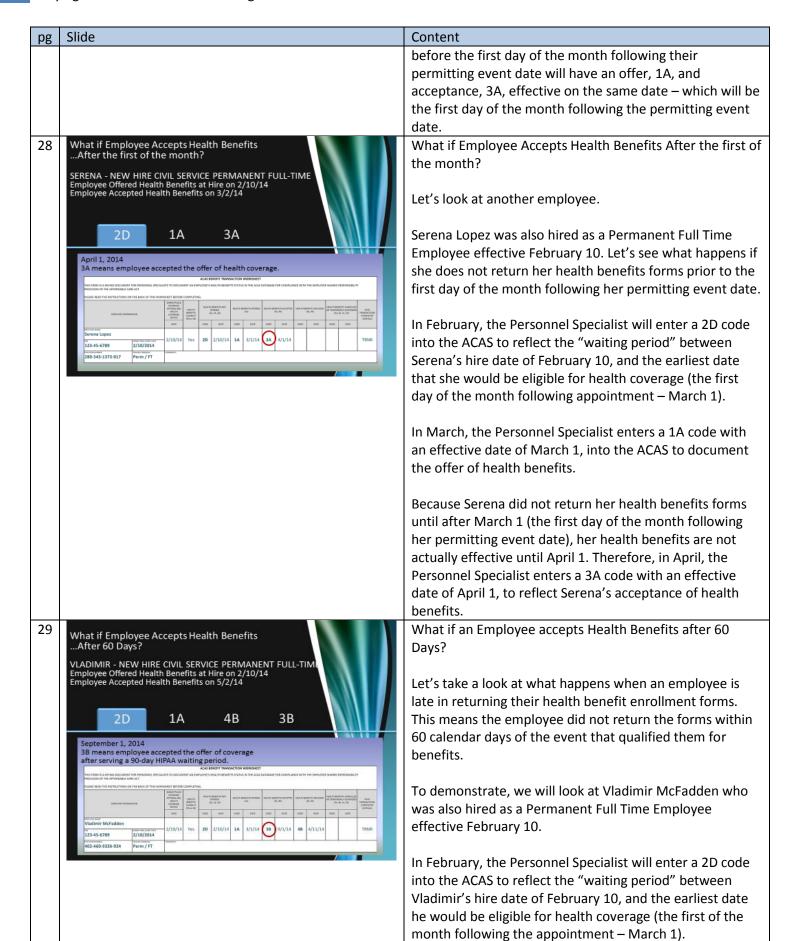
Because Samson is new to State Service, and he received his Notice of Marketplace Coverage Options and Health Coverage Notice on February 10, the Personnel Specialist will enter this date in the Health Coverage Notice Date Field in February as well. Please refer to the ACAS online User Guide for more information regarding when to enter dates in the Health Coverage Notice Date Field. These rules are different if the employee is not new to state service.

On February 28, Samson returns his signed health benefits forms to the Human Resources Office accepting health benefits.

In March, the Personnel Specialist enters a 1A code with an effective date of March 1, into the ACAS to document the offer of health benefits. Remember, for ACA purposes, health benefits are officially "offered" on the earliest date that health coverage could be effective as outlined in the benefit eligibility rules.

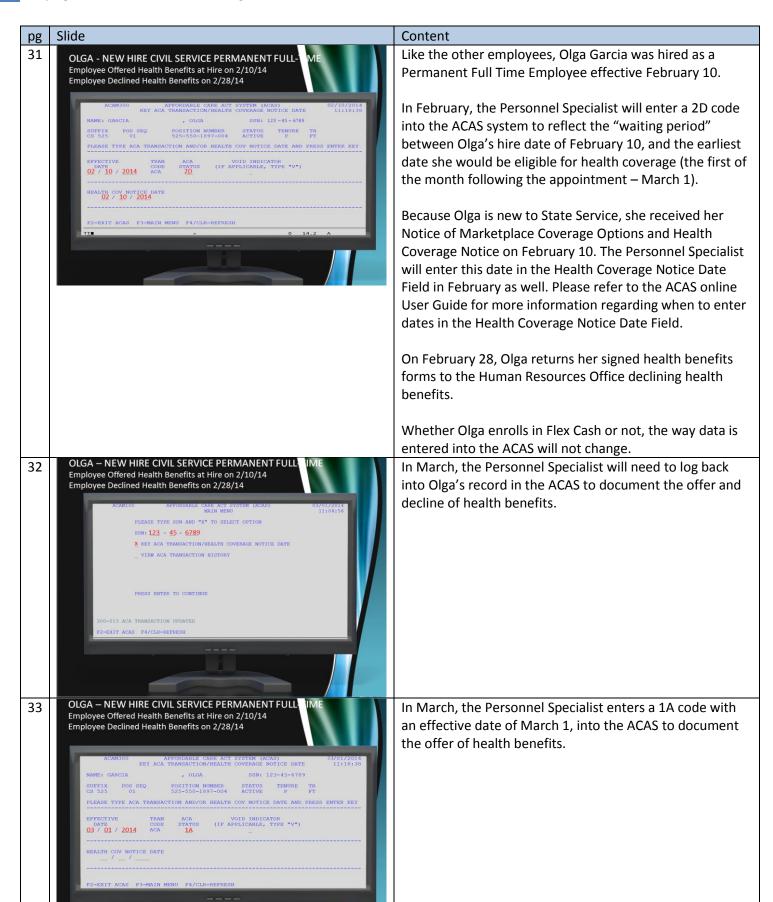
Because Samson returned his health benefit forms prior to March 1 (the first day of the month following his permitting event date), his health benefits are actually effective on March 1. Therefore, the Personnel Specialist enters a 3A code with an effective date of March 1, to reflect Samson's acceptance of health benefits.

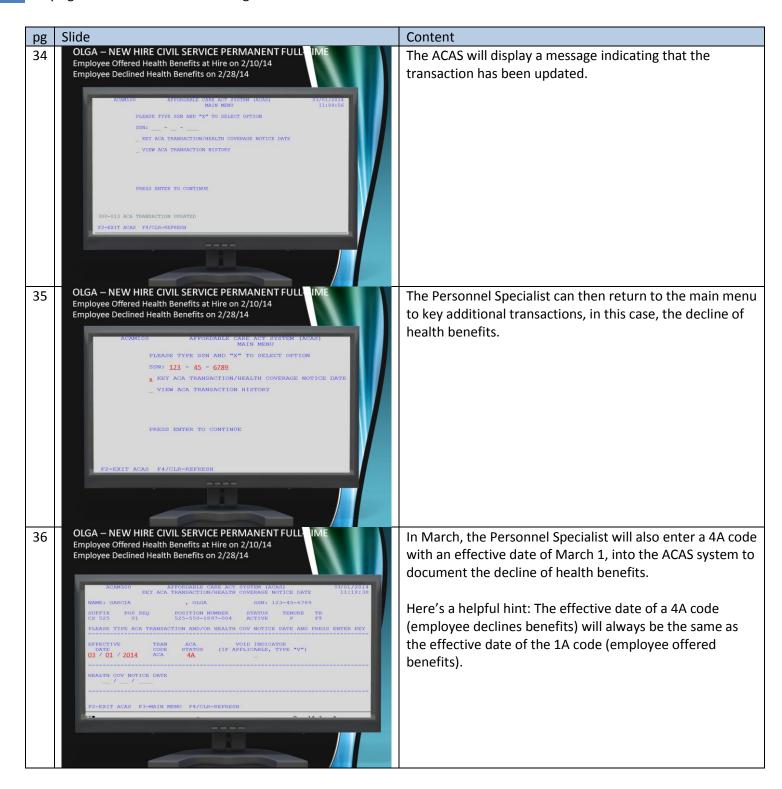
Here's a helpful hint: All newly health benefits eligible employees who accept health benefits and return their health benefits forms to the Human Resources Office

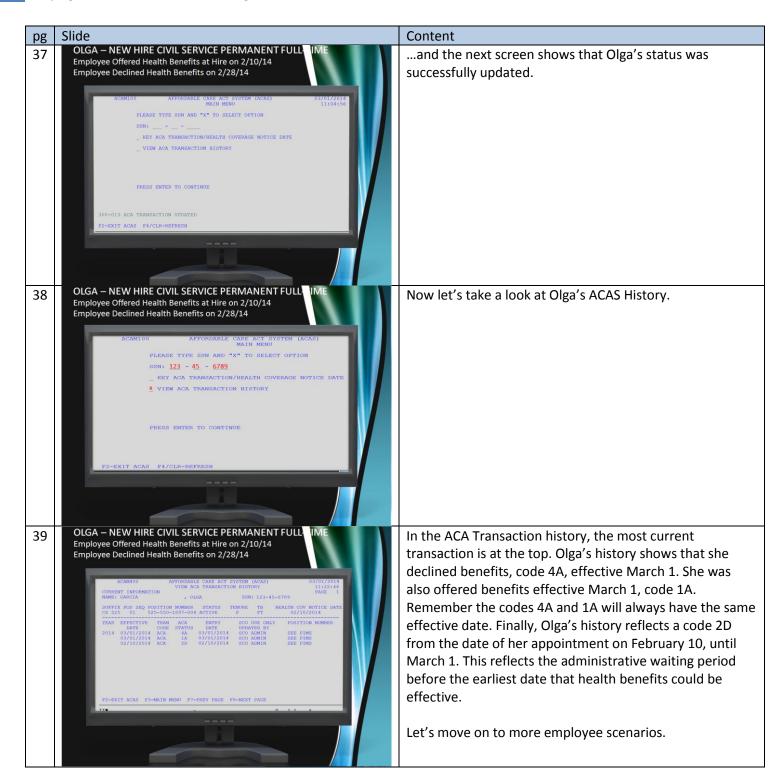


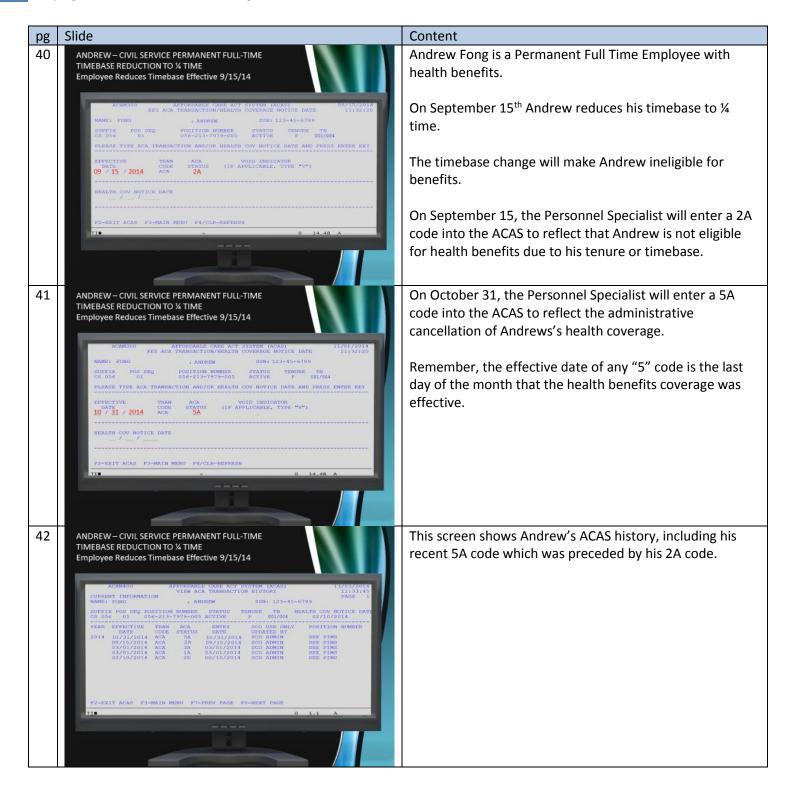
Last updated: 5/4/2015

pg	Slide	Content
рв	Silde	In March, the Personnel Specialist enters a 1A code with an effective date of March 1, into the ACAS to document the offer of health benefits. Because Vladimir did not return his health benefits forms to the Human Resources Office by April 10 (the 60th Calendar day), the Personnel Specialist will enter a 4B code into the ACAS in April with an effective date of April 11. This reflects an administrative decline of health benefits. On May 2, Valdimir returns his health benefits forms to
		the HR Office accepting health benefits. Since this is considered a late enrollment, Vladimir must serve a 90 calendar day HIPAA waiting period before his health benefits become effective. Therefore, his health benefits will not become effective until September 1, which is the first calendar day of the month following the 90-day HIPAA waiting period. In September, the Personnel Specialist will enter a 3B code with an effective date of September 1, into the ACAS to
		reflect the acceptance of health benefits following a HIPAA waiting period.
30	OLGA - NEW HIRE CIVIL SERVICE PERMANENT FULL-TIME Employee Offered Health Benefits at Hire on 2/10/14 Employee Declined Health Benefits on 2/28/14 ACAMIOO AFFORDABLE CARE ACT SYSTEM (ACAS) MAIN MENU PLEASE TYPE SN AND "X" TO SELECT OPTION SSN: 123 - 45 - 6789 X KEY ACA TRANSACTION/HEALTH COVERAGE NOTICE DATE VIEW ACA TRANSACTION HISTORY PRESS ENTER TO CONTINUE	Now that you have seen some examples of how to document in the ACAS Benefit Transaction Worksheet, let's take a look at how to enter data into the ACAS database. We will use our next scenario to begin. The Personnel Specialist will enter the employee's Social Security Number, place an X next to "Key ACA Transaction/Health Coverage Notice Date", and click enter.











Peter Salinski is a Permanent Full Time Employee with health benefits. On July 1, Peter begins a 60-day unpaid leave of absence. His health benefits will be temporarily suspended during this time.

On July 31, the Personnel Specialist will enter a 5C code into the ACAS to show the temporary suspension of Peter's health coverage effective July 31. His benefits were not suspended until the end of July because Peter's work in June paid for the July benefits.

On September 19, Peter returns to work.

In October, the Personnel Specialist enters a 3A code with an effective date of October 1, to restore Peter's health benefits. Peter's work in September paid for the October benefits.

Now let's look at a Permanent Intermittent employee.

Rodger Moore was hired as a Permanent Intermittent Employee effective February 10. He was not offered health benefits at the time of hire. He must qualify for health benefits by working sufficient hours during the January through June control period.

In February, the Personnel Specialist enters a 2B code into the ACAS. This code reflects that health benefits were not offered because Rodger must complete a control period to qualify.

On July 1, it was determined that Rodger had completed sufficient hours to qualify for health benefits. Rodger is provided with a packet of information regarding his health benefits options.

During July, the Personnel Specialist will enter a 2D code into the ACAS. This code reflects the "waiting period" between Rodger's permitting event date of July 1, and the earliest date that he would be eligible for health coverage (the first of the month following his permitting event date – August 1).

In August, the Personnel Specialist enters a 1A code with an effective date of August 1, into the ACAS to document the offer of health benefits.

On August 2, Rodger returns his signed health benefits forms to the Human Resources Office, accepting health benefits.

